CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	Ms/MRs/MR Mrs	FIRST Julie	мі D	OFFICE USE ONLY	
NAME	NICKNAME	Short	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 304 W KIMBALL ST MANSFIELD, TX 76063			SECRETAR	
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	<u> </u>	
OFFICEHOLDER PHONE	(682)	552-4384		Date Hand-delivered or Date Postmarked Receipt # 01 Argont \$	
6 CAMPAIGN	MS / MRS / MR	FIRST	МІ	Receipt # 0 Amaint \$	
TREASURER NAME	MS.	LISA	D	Date Processed	
	NICKNAME	STEWART	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE 1700 ROGERS RD #163 FORT WORTH, TX 76107				
(Residence or Business)	ADEA CODE	PHONE NUMBER	EXTENSION		
8 CAMPAIGN TREASURER PHONE	(817)	991-7191	EATENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	04	/ 24 / 21	THROUGH 07	/ 15 / 21	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	05 / 01 /	21 General	Special		
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL, PLACE 5				
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CANL	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME JULIE SHORT				16 Filer II	O (Ethics Con	nmission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOANS	ED POLITICAL CONTRIBU , OR GUARANTEES OF L MADE ELECTRONICALLY	OANS, OR	N .	\$	_
		L CONTRIBUTIONS DGES, LOANS, OR GUAF	RANTEES OF LOANS)		\$ 5	513.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDIT	JRE.		\$ _	
	4. TOTAL POLITICA	L EXPENDITURES			\$ 1	168.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF REPORTING PE	CONTRIBUTIONS MAINTA	AINED AS OF THE LAS	ST DAY	\$ 2	193.94
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTA	ANDING LOANS AS O	F THE	\$ 2	150.83
	wear, or affirm, under penalty of		npanying report is tru	e and corre	ect and inclu	des all information
160	uned to be reported by the unde	FI THE 13, LIECTION COde.) 1	10		
			Mlui/.	Mer	_	
			Signature of Ca	andidate or	Officeholde	r
	Millionia Place	a complete cithe	r ention holow			
	SANA MARININ	se complete eithe	i option belov	v.		
E	S JARY PUR Z					
WILLIAM	Pleas Pl					
(1) Affidavit	DE OF TEX					
	06-19-2026 HILLI					
NOTARY STAMP/SEA	- """"""""""""""""""""""""""""""""""""	1. (1.)		urth		1,
Sworn to and subscribed	before me by	lie Short	this the	1400	day of	uly,
(a a	which, witness my hand and sea	l of office.		/	ih Ca	retanı
Signature of officer administer		ana Mariu	ing oath		1	administering oath
Signature of officer autimistic	Inng oath Finned	OR	ng datii		The or officer	administering out
(2) Unsworn Declaration	on					
				·		•
My address is	(street)		(city) (s	state) (z	in code)	(country)
Executed in	County, State of	. on the	, ,,	,		(300)
		,	(month	n)	(year)	
			Signature of Candid	date/Officeh	nolder (Decla	rant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME JULIE SHORT 20 Filer ID (Ethics Co				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT	
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	\$				
4.	4. SCHEDULE E: LOANS				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			1168.23	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$		
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

		•		-	
The	Instruction Guide explains how to	1 Total pages Schedule A1:			
2 FILER NAME JULIE SH	ORT			3 Filer ID (Ethics Commission Filers)	
4 Date	GREGORY & SUSAN DEBREW			7 Amount of contribution (\$)	
4/8/2021	6 Contributor address; 1204 ARBOR CIRCLE, M	-	State; Zip Code D, TX 76063	500.00	
8 Principal occu BUSINESS C	pation / Job title (See Instructions)		9 Employer (See Instruction DEBREW REALTY	·	
Date	Pate Full name of contributor out-of-state PAC (ID#:		C (ID#:)	Amount of contribution (\$)	
4/22/21			· · · · · · · · · · · · · · · · · · ·	500.00	
Principal occupation / Job title (See Instructions) BUSINESS OWNER Employer (See Instructions) NATIONWIDE CON			-		
Date 4/14/2021	Full name of contributor out-of-state PAC (ID#:) ADLAI PENNINGTON		Amount of contribution (\$)		
4/14/2021	Contributor address; 1375 GILMAN RD FT	City;	State; Zip Code	500.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	1	
Date	Full name of contributor BEARDS TOWING Contributor address; City; State; Zip Code PO BOX 7377 KENNEDALE, TX 76060		C (ID#:)	Amount of contribution (\$)	
4/26/2021			•	2013.00	
Principal occupation / Job title (See Instructions) BUSINESS OWNER			Employer (See Instructions) BEARDS TOWING		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME JULIE SH	ORT		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PA JUDGE ROY ENGLISH	7 Amount of contribution (\$)		
4/26/21	6 Contributor address; City; 1019 WALNUT FALLS CIRCLE MANSFIEL	500.00		
8 Principal occu RETIRED	oation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
4/28/21	Contributor address; City; 4200 WATERFORD GLEN, MANSF	·	500.00	
Principal occup BUSINESS C	ation / Job title (See Instructions) WNER	Employer (See Instruct NATIONAL CLAIMS		
Date	Full name of contributor out-of-state PAC (ID#:) TREPAC- ARLINGTON BOARD OF REALTORS		Amount of contribution (\$)	
5/28/21	3916 W I-20 ARLINGTON, TX 76017		1000.00	
Principal occupation / Job title (See Instructions) REAL ESTATE Employer (See Instructions)				
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee		es/Wages/Contract Labor	Other (enter a category not listed above)		
		The Instruction Guide explains how t	o complete this form.			
1 Total pages Schedule F1:	2 FILER NA JULIE SI			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee na	me				
4/21/21	WILLIAN	AS SIGNS				
6 Amount (\$)	7 Payee ad	dress;	City;	State; Zip Code		
549.91	3933 E 0	CALIFORNIA FOREST HIL	L, TX 76119			
8	(a) Category	y (See Categories listed at the top of this schedule	(b) Description			
PURPOSE	ADVER	STISING	CAMPAIGN S	SIGNS		
OF EXPENDITURE						
EXPENDITORE	(c)	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct	Candid	ate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OI	4					
Date	Payee na	me				
4/29/21	TARRAN	NT CAMPAIGN SERVICES	3			
Amount (\$)	Payee ad	dress;	City;	State; Zip Code		
618.32	1510 VALLEYWOOD TRL MANSFIELD, TX 76063					
010.52						
	Category	(See Categories listed at the top of this schedule)	Description			
PURPOSE	ADVERSTISING SIGN/TENT PLACEMENT					
OF EXPENDITURE						
EXPENDITORE						
		Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name	Office sought	Office held		
Date	Payee na	ime				
Date	, , , , , , ,					
Amount (\$)	Payee ad	dress;	City;	State; Zip Code		
	Category	(See Categories listed at the top of this schedule)	Description			
PURPOSE	ou.ogo.,	,				
OF						
EXPENDITURE		4.				
		Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct		ate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OI	4					
		FACULADDITIONAL CODICO CE TIL	UC COLIEDIU E AC VE	EDED		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						